

Quantum Care Limited

Vesta Lodge

Inspection report

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Date of inspection visit: 22 October 2015

Date of publication: 18/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was carried out on the 22 October 2015 and was unannounced.

Vesta Lodge provides accommodation and personal care for up to 61 older people, some of whom were living with a dementia. It does not provide Nursing care. At the time of our Inspection there were 60 people living at Vesta Lodge.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When we last inspected the service on 12 June 2014 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

Summary of findings

are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection 29 applications had been made to the local authority in relation to people who lived at the service and whose liberty was being restricted in some way to ensure they were kept safe. The registered manager told us that they were awaiting authorisations from the deprivation of liberty safeguarding authority.

We saw that people living at the home had their needs met in a timely way. Call bells were responded to promptly. We saw that care and support was personalised and provided in accordance with people's individual needs and preferences. Staff were observed assisting people with personal care, eating and drinking and with taking their medicines when required.

We found that staff were able to demonstrate sufficient knowledge of how to manage people's care safely. Staff had supervision with their line manager and these meetings were recorded.

Care plans and risk assessments were focused on people's individual needs and preferences with details on people's lives and past histories. There was evidence of people or their relatives being involved. People's nutritional needs were met, and food and fluid intake was managed effectively.

The management in the home was effective and there were various audits and monitoring processes in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were supported to ensure their needs were met safely.

There were sufficient members of staff on duty to meet people's needs safely.

Risks were managed safely.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had their competency assessed.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

Consent to care and treatment was obtained, reviewed and recorded.

People were supported appropriately in regards to their ability to make decisions. MCA/DoLs applications had been made to the Local authority.

People were supported with healthcare needs.

Good



Is the service caring?

The service was caring.

Staff demonstrated caring relationships with people.

People were treated with kindness and their privacy and dignity was respected and promoted.

People who lived at the home and their relatives were involved in the planning and reviewing of their care where possible.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs. Care plans and risk assessments were detailed and personalised.

People were supported to pursue hobbies or interests and activities were provided both within the home and the wider community.

People knew how to make a complaint, and were supported to do so. The manager learned from feedback and complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There were systems in place to monitor, identify and manage the quality of the service and to make continual improvements.

The service delivered good quality care and demonstrated an open and transparent culture.

Vesta Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 22 October 2015 and was carried out by one inspector. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 5 people who lived at the service, 4 members of staff, the registered manager, deputy manager, the administrator and two visitors to the service. We received feedback from health and social care professionals. We reviewed 6 people's support plans and reviewed four staff files. We reviewed other documents relating to the monitoring of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to health issues.

Is the service safe?

Our findings

People told us they felt safe. One person told us, “The staff are always around and keep an eye on us.” A visiting relative said “I don’t worry too much about my (relative) I know they are as safe as they can be, the staff are always around and I feel reassured that they look after the people who live here.”

Staff described their responsibility to keep people safe from avoidable harm. We saw that there were several posters with contact details for the local authority safeguarding team should staff have any concerns about the possibility of people being abused. The manager and staff told us they had received training and this had given them the skills required to identify potential abuse and also how to report and record any concerns. Staff were able to describe different types of abuse and gave examples of what constituted abuse. This showed us that the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening when possible.

We saw that risks to people’s health had been assessed and where possible remedial actions had been put in place to reduce and mitigate the risks. However, people were encouraged to live full and independent lives as far as possible while being kept safe. For example, we saw that where people had reduced mobility, their walking aids were kept close to them while they were seated in the lounge. This was to prevent them from attempting to walk without the aid and therefore reduced the risks of them falling over.

We observed that there were staff present in the communal areas where people sat, so that if people wanted anything the staff were on hand to provide support. Where people were in their bedrooms staff popped in and out regularly to make sure they were kept safe.

We observed that there were sufficient numbers of staff on each of the four units to keep people safe. Staff told us they felt the staffing levels were adequate. A dependency tool had been used to assess safe staffing levels. We also observed that throughout our inspection call bells were responded to quickly and people told us they did not usually have to wait very long for staff to support them.

There were robust and safe recruitment practices in place and we saw that pre-employment checks had been carried out to ensure that staff employed at the service were suitable. For example that they were of good character, and sufficiently experienced, skilled and qualified to meet the needs of people who used the service.

People were supported to take their medicines safely. There were safe and effective processes in place for the ordering, administration and storage of medicines. We saw that staff had received training and had periodic competency checks to make sure they maintained good practice. Medicine administration records (MAR) were maintained and we saw that these were completed appropriately.

Is the service effective?

Our findings

We saw that people were supported by staff who had the skills, abilities and experience to support people effectively. Staff told us they tried to support people to retain life skills and not to make them more dependent on support.

Staff had received an induction on the commencement of their employment at the service and told us they had received on-going training which gave them the skills to provide care that was effective and personalised.

We saw that there were arrangements in place to support staff. Staff had individual one to one supervision meetings with their managers and also monthly team meetings were held. Everyone we spoke to viewed supervision as a positive part of their work and one person told us they felt it was a way of sharing good practice improving the effectiveness of the care provided at the home. We saw from minutes of these meeting that they were interactive, varied and gave staff opportunities to discuss topics that were relevant to their work at the home.

Staff told us that they were well supported by the management team and that the manager had a presence and was available whenever staff needed to discuss anything that they were concerned about. Staff confirmed that they had received supervisions.

We saw that people were supported to eat a varied diet of food and drink to assist in maintaining a good standard of health. People were also able to contribute to choosing their menus. Specialist diets were available for people who had been assessed as having specific dietary needs. People had choices of food at every meal. We saw that where people had memory problems they were assisted to choose what they wanted to eat with pictorial prompts. This ensured people were supported to eat and drink sufficient amounts.

We saw that people were weighed monthly and where there were concerns about people's weight their food and fluid intake was closely monitored. We observed supper being served in the dining rooms of the four units, and staff

provided appropriate levels of support to help people eat and drink in an unhurried and supportive way. We saw that staff monitored what people had eaten and offered an alternative when a person did not appear to like what they had chosen.

People were supported to access appropriate health appointments, such as to see their GP or other professionals when required. We saw that guidance provided to staff contained detailed information about how to meet people's care and support needs in an effective way. People's medical interventions were recorded in their support plans so that all staff were aware of people's current medical needs.

We heard staff asking people if it was ok to help them with personal care, for example staff were observed asking a person if they wanted to be taken to the bathroom. Another person was asked if they would like to change their top as it had become soiled when a drink the person was having had spilled. We saw that staff sought people's consent before providing care and support.

We saw that consent was recorded in people's care documents. For example, people had consented to having their photo taken and sharing information and signed their care plan to agree to its content. The manager told us that staff were aware that people could withdraw consent at any time and also that consent was reviewed regularly.

Staff had received training about the Mental Capacity Act (MCA) 2005 in relation to deprivation of liberty Safeguards (DoLS) and how to obtain consent. People told us they were supported to make their own decisions and choices and that this information was recorded in people's care plans. The manager told us 29 mental capacity assessments had been completed and 29 applications were awaiting authorisation from the local authority. These were required because people were in some way being deprived of their liberty. Interim arrangements were in place to ensure people were kept safe and in these cases best interest decisions were made. Staff understood their role in relation to MCA and DoLS and knew when they would need to refer a person for assessment.

Is the service caring?

Our findings

We observed staff responding in a supportive way to people's needs. Staff demonstrated their caring approach throughout their interaction with people who used the service. People told us they had positive relationships with the staff who assisted them. One person told us, "She (pointing to a member of staff) is so kind, nothing is too much trouble." Another person said, "You don't even have to ask, they [staff] are marvellous". Staff spoke 'fondly' about people in their care and demonstrated compassion in their approach. For example, a person who was upset and appeared to have lost their way was quickly assisted by staff and who reassured the person in a respectful way and then suggested they could have a cup of tea. The person went on their way happily. Two other people told us they liked the staff very much and were happy living there.

We saw that staff communicated with people in a way they understood. We saw staff bending or stooping so that they could make eye contact with people. We observed an activity being provided and a member of staff was dancing to music. We saw many people joined them and were comfortable doing so. People were supported in a kind and supportive way and we saw that staff listened to what people had to say and responded appropriately. Staff had 'keyworker' responsibilities and told us they got to know the people they supported very well and this helped to develop meaningful relationships with them. Also where possible, the same staff worked on the same units and this assisted in developing caring relationships.

Staff told us they involved people in their care plans and reviews and where possible family and friends. A family member told us they felt that they were involved and their contribution was valued. People said they mostly felt they were listened to. The manager told us people were offered advocacy services if required. However, no one was currently using the advocacy service.

We saw that staff were respectful of people's dignity. A person was observed to have removed some items of clothing and was walking in the corridor. A member of staff saw them and acted to immediately protect the person's dignity by wrapping a towel around them and supporting them to go to their bedroom. This incident was managed in a discreet way which protected the person's dignity.

We saw that staff knocked before entering people's bedrooms. When supporting people with personal care staff told us they ensured the person was supported in the way they wanted and at the pace they wanted. People were supported to make decisions and they able to choose what they wanted to do, or not and staff respected their decisions.

We saw that people were respected as individuals. People who used the service told us they felt they were in control of their lives. We saw that people had been asked about their end of life plans and where people had expressed preferences about how their care and support should be delivered these had been recorded. Where people had not wanted to discuss the arrangements this too had been recorded, this helped to ensure that people's choices and preferences would be taken into account.

Is the service responsive?

Our findings

People told us they received care that was flexible and responsive to their needs. A relative said, “They are great here, they really keep on top of things.” We saw that people’s care plans included up to date and current details of their individual requirements which helped to ensure staff were able to meet their needs.

Staff were observed offering people choices, for example about where they wanted to sit and whether they wanted a hot or cold drink. We saw that staff encouraged people to maintain skills they had such as being able to help themselves to a drink or snack. Staff also demonstrated a good understanding of personalised care and support and told us the care provided was centred around people’s individual needs preferences and choices.

We saw that each person’s needs were assessed initially when they came to live at the service and had been reviewed regularly to make sure that they continued to provide the level and type of support that people required. Our observations throughout the inspection demonstrated that care was delivered in a way that supported people’s individual needs.

Staff told us that they had discussed people’s life and histories as this assisted them in providing appropriate support to them. We saw that people’s care plans had a section ‘All about me’ which detailed the specific things people liked and disliked and details of what was important to them. This was particularly helpful in understanding what people enjoyed doing and in particular around pursuing hobbies and interests. One person told us they loved listening to the ‘singer’ who came to the home. Another person told us, “I like the Bingo.” People were supported to participate in activities that suited their abilities and this approach meant that as many people as possible were able to participate. Staff told us that they had an activities person who provided a variety of activities on each of the units. In addition, staff assisted people with a range of activities such as chair exercises and pampering, for example hair and nail care.

Relatives told us they were involved in reviews of their family member’s care. Care records we looked at evidenced involvement in care plans of people and their relatives.

Staff told us they also contributed to the process. A member of staff told us that they reviewed all aspects of the care plan including any health issues. They [staff] do listen, never been any problems we can’t speak about.” Another relative said, “We get invited to care plan reviews, but cannot always attend but we have given our input over the phone and they take things on board.” Team leaders who were responsible for completing care plans also confirmed that relatives were invited, where appropriate, to be involved in their family member’s care. This showed that there were opportunities for people and relatives to influence their care in a way to suit their own needs and preferences.

People and their relatives told us they had been involved in discussions about their care needs and these were included in people’s care plans. Staff told us they regularly looked at people’s care plans to see if there had been any changes. People confirmed that they have been asked about their preferences. Everyone who lived at the home had a key worker who would be responsible, along with others, for reviewing and updating the care plans.

We saw that people’s bedrooms were reflective of individual personalities and contained things they liked. People had been involved in choosing colour schemes of their rooms and when possible people had chosen their own soft furnishings and furniture. Corridors also contained memorabilia to help people recognise their surroundings. People had coloured bedroom doors with a memory box on the wall to the side of the door. The memory box contained pictures, passports and memorable events.

The manager and staff told us they had effective communication systems in place and there was a handover briefing at the beginning and end of each shift. This ensured that staff were kept up to date with people’s changing needs and facilitated the smooth and responsive running of the service.

There was a complaints process in place and people told us they felt listened to. People were given details on how to complain and said they felt the manager and staff would react to any concerns raised. We saw the complaints file and noted complaints had been responded to appropriately.

Is the service well-led?

Our findings

People and staff spoke positively about the management arrangements in the home. Staff told us they felt they were well supported by the manager. A visiting relative also said the manager was approachable and was often seen around the home.

Staff described the manager as being open and inclusive in their approach to managing the service.

Staff had clear roles and responsibilities and staff told us they felt valued by the manager. A member of staff told us they were 'carer of the month' and told us this was a regular event. Each month a member of staff who had excelled in their role or who had gone over and above the call of duty was recognised in this way. Staff told us this made them feel "more motivated as their efforts were noticed." Another staff member said, "It's good that they don't just focus on the negatives which was often the case."

We saw that there were regular staff meeting and staff received supervision. In addition, meetings were held for the people who lived at the service and this gave them the opportunity to discuss any improvements or areas of concern. People told us they felt they were involved and listened to.

The deputy manager supported the manager to ensure the home always had a senior member of staff on duty to

support and advise staff. The management team had systems in place to monitor various aspects of the service to ensure they were able to make continued improvements.

The manager showed us a range of audits that were undertaken internally. They also regularly monitored the standard of the service provided by sending out surveys to staff, people, relatives and professionals. The feedback received from questionnaires was analysed and if there were any negative comments, actions were put in place to address these. The area manager completed monthly checks and provided a monitoring report following their visits. Any concerns were documented and the manager was required to make the required improvements within agreed timescales.

The manager and staff demonstrated a very good understanding of people's needs and always looked at ways of improving the service to achieve the best possible outcomes for people. For example, the manager described some of the regular checks that were in place to ensure consistently high standards were maintained. These included H&S, food checks, hand hygiene and housekeeping audits. People told us that they felt the home was well run and any concerns were addressed effectively.